

**ALEXANDRIA HEALTH DEPARTMENT
PPD/TUBERCULIN SKIN TESTING/INFORMED CONSENT**

| | | | | | | |
|---|-------|----|------------------|------------|---------------------|-----------|
| Name _____ | | | Birthdate _____ | | Sex : M ____ F ____ | |
| Last | First | MI | Mo/Day/Yr | | | |
| Address _____ | | | Apt # _____ | City _____ | State ____ | Zip _____ |
| Social Security # _____ | | | Home Phone _____ | | Work Phone _____ | |
| Marital Status: Single ____ Married ____ Widowed ____ Separated ____ Divorced ____ | | | | | | |
| Race: Asian ____ Black ____ White ____ Chinese ____ Filipino ____ Japanese ____ Alaskan/Native American ____ Other ____ | | | | | | |

ANSWER FOR PERSON RECEIVING TB SKIN TEST:

- Has the above person ever been told he/she has had tuberculosis? Yes ____ No ____

- Has the above person ever had a positive or reactive skin test for tuberculosis in the past? (A red, raised bump on the arm where the test was given) Yes ____ No ____

- If you answered "yes" to either of the above questions, please answer the following:
 Where was the test or diagnosis? _____

 Was medicine given and if so, what kind? ? _____

NOTICE – A TB skin test must be read by health department personnel 2-3 days after it is given in order to provide you with official, written results.

I hereby authorize the doctors, nurses, or nurse practitioners of the Virginia Department of Health to plant a tuberculin skin test on me and to perform a chest x-ray, if needed. I understand the risks and benefits of the procedures and have had the opportunity to ask questions. The Deemed Consent for blood borne disease has been explained to me and I understand it. I understand that records are kept for 5 years after death, 10-20 years after my last visit or 5 years after age 18 for minors. I understand that if I do not return within 72 hours for the reading of the skin test, there are no results available of the testing.

Patient/Parent/Legal Guardian, Person Acting *in loco parentis*, Beneficiary name

Date

Health Department Use Only:

Vision Pt. # _____

Admin Date _____ Encounter # _____

Time Given: PPD CI or ____ AM PM
Position # _____

| Procedure | Code | Site | Lot # |
|--------------|--------------|-----------------|-------|
| TB Skin Test | 86580/PPDFRE | Left Right | |

Reading Date _____ Reading Encounter # _____ Position # _____

| Procedure | Code | Reading | Significance |
|-------------------|-------|---------|--------------|
| PPD Reading | PPR | mm | Pos Neg |
| X-RAY DONE | CHSTX | LDHX | BP |